

Application Form

Regional Regranting Services Program

Council Policy requires that an application be postmarked no later than June 1, 2007 to be considered for fiscal year 2008 funding. Each project must be submitted on a separate form. Before preparing the application, please read the preceding guidelines and application instructions. An Acknowledgment will be sent to you indicating receipt of your application. If you haven't received this acknowledgment by July 1, 2007, contact the Council offices at 517/241-4011. Authorized by Executive Order 1991-21. Application must be typed.

applicant name & address

project/activity title (use the same title as in section 3)

Application fee

Index: 23000 Comp Obj: 1795

Applicants must provide a non-refundable fee of \$300 or three percent of the grant request, whichever is less. This fee is subject to legislative changes.

A check in the amount of the application fee must be returned with this application.

Make Check payable to:

The State of Michigan.

Staple the check to this page

Cash payment is not accepted.

Enter grant request

\$ _____

Multiply by 3%

\$ _____

Application Fee

\$ _____

(not to exceed \$300)

For MCACA Staff use only
Control # 08 RR

received ☐ on time ☐ late

/ /

Items received

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> App form | <input type="checkbox"/> Att 1 |
| <input type="checkbox"/> Att 2 | <input type="checkbox"/> Att 3 |
| <input type="checkbox"/> Att 4 | <input type="checkbox"/> Att 5 |
| <input type="checkbox"/> Att 6 | <input type="checkbox"/> Att 7 |
| <input type="checkbox"/> Att 8 | <input type="checkbox"/> Att 9 |

Envelopes

- ☐ original ☐ copy 1
☐ documentation (Att 9)

Section 1: Cover Page, Project Summary

Please limit your response to the space provided below.

Cover Page, Project Financial Summary – Figures from Sect.5, Project Budget

Cash match --from line 20

Total revenue --from line 19

Total expenses --from line 34

SECTION 2: APPLICANT INFORMATION		
Applicants legal name		telephone
other common name	website (URL)	
official mailing address		
city, state & zip code		office hours
authorizing official or board designee (cannot be same as proj. dir.)		title
board chairperson		title
address		
city, state & zip code		county name and code
federal I.D. number	status code	institution code
U.S. Representative		district number
State Senator		district number
State Representative		district number
Applicant's primary discipline code	Grantee race code	

SECTION 3: PROJECT INFORMATION		
project director (contact person{ cannot be same as auth. off.})		title
address		city, state & zip code
business telephone & hours		home telephone & hours
fax number		email address
project/activity title		start date end date
activity's primary discipline code	project race/ethnicity code	
type of activity code	arts education code	project descriptor
project primary county code(s) ---- enter all that apply		

SECTION 4: SUMMARY INFORMATION

Section 4a: Budget Summary (use the figures from Section 5; Projected Budget)

total earned revenue from line 4	total cash revenue from line 17	total cash expenses from line 32	
total unearned revenue from line 15	total in-kind support from line 18	total in-kind expenses from line 33	
cash match from line 20	total revenue from line 19	total expenses from line 34	Council request from line 16

Section 4b: Project Participation Summary

(this information should represent your projections and estimates for the entire grant period)

Total number of Michigan artists participating	Total paid to Michigan artists
Total number of artists participating	Total paid to artists
Total number of individuals benefitting	Total number of youth benefitting
Total number of new hires	Total number of employees

Section 4c: AMERICANS WITH DISABILITIES ACT (ADA) INFORMATION

Circle one

Are your facilities and PROGRAMS accessible to persons with disabilities? Y N

Are accessibility issues included in your organization's long range plans? Y N

Has an ADA evaluation of your organization's facilities and programs been conducted? Y N

If yes give date completed:_____

Are staff members informed and trained in access issues Y N

Please provide the name and title of the designated staff person responsible for ADA Compliance.

Name

Title

SECTION 5: PROJECTED BUDGET (for Regranting SERVICES)

The budget must balance. Total revenues (line 19) must equal total expenses (line 34) The amount of in-kind support (line 18) must equal in-kind expenses (line 33) Round all budget figures to the nearest whole dollar. Budget figures must be itemized in Attachment #2, including all payments to artists.

Applicant Name:			
REVENUES-----Earned		CASH	IN-KIND
1. Admissions			
2. Contracted services			
3. Other			
4. Total earned revenue	add lines 1,2 & 3. copy the total to Section 4a		
REVENUES-----Unearned			
5. Corporate support			
6. Foundation support			
7. Other private support			
8. Federal support			
9. Regional support			
10. Local government support			
11. Other unearned revenue			
12. Applicant cash			
13. Sub-total unearned revenue	add lines 5 -through- 12		
14. State support -not from Council			
15. Total unearned revenue	add lines 13 & 14. copy the total to Section 4a		
16. MCACA grant request amount	Copy to Section 4a		
17. Total cash revenue	add lines 4, 15 & 16. copy the total to Section 4a		
18. Total in-kind support -from line 33	Copy the total to Section 4a		
19. Total revenues	add lines 17 & 18. copy the total Section 4a		
20. Cash match	add lines 4 & 13. copy the total to Section 4a		

SECTION 5: PROJECTED BUDGET continued

Applicant Name:

EXPENSES	CASH	IN-KIND	MCACA dollars
21. Administrative employees			
22. Artistic employees			
23. Technical/production employees			
24. Artistic fees/services -non-employee			
25. Other fees/services - non-employee			
26. Space rental			
27. Travel			
28. Marketing, publicity & promotion			
29. Other expenses			
30. Capital expenses - acquisitions			
31. Capital expenses - other			
32. Total cash expenses add lines 21 through 31. copy the total to Section 4a			
33. Total in-kind expenses add lines 21 through 31. copy the total to line 18 and to Section 4a			
34. Total expenses add lines 32 & 33. copy the total to Section 4a			

As part of Attachment #2 – provide a detail itemization / explanation for each figure in the budget, on both the revenue side and the expense side. Itemize each budget figure by identifying the individual dollar amounts, that when added together, equal the amount you reported in your projected budget.

You must indicate the source for revenue figures or the use for expense figures, for every itemized figure.

The itemized figure for payments to all artists must identify by name the artist, or groups of artists, who will be paid and their fee. (Instead of listing the names of artists, or group of artists', you may substitute the type and number of artists to be paid and their fees.) Be sure the total amount to be paid to artists is itemized.

The itemization must explain every dollar listed in the budget. Figures broken down in the itemization must match the figures entered on a particular budget line. The budget must be complete. The budget must be typed. The budget numbers must be rounded to the nearest whole dollar (do not include cents).

The budget must balance: **Total cash revenues (line 17) must equal total cash expenses (line 32)**
 Total in-kind support (line 18) must equal total in-kind expenses (line 33)
 Total revenues (line 19) must equal total expenses (line 34).

The budget must be accurate and should contain no mathematical errors.

Economic Assessment

The Michigan Council for Arts and Cultural Affairs is gathering measurable baseline information, from all fiscal year 2008 applicants and grant recipients, from which the economic “return on investment” in arts and cultural grants may be accurately assessed. A formal annual report of our findings, combined with other data, will be issued. It is the Council’s expectation this information will assist those making the case for the importance of continued investment in the arts and culture of our great state. Please carefully review and complete this form, providing accurate and realistic responses, to the very best of your ability.

3a) Please select the economic outcomes that you feel your project addresses.

- ☐ Job Creation ☐ Cultural Tourism ☐ Capital Investment ☐ Revenue Generation/Leveraging
☐ Other _____

3b) Key Predictors of Economic Outcomes

1: What is the amount of your projected FY 2008 payroll, with fringe benefits? _____

2: What is the total amount of this grant request going toward that payroll, include fringe benefits? _____

3: What is your organization’s total number of employees for FY 2008? _____

Year round: Full-time? _____ Part-time? _____ Volunteers? _____

Seasonal: Full-time? _____ Part-time? _____ Volunteers? _____

4: Estimate the number of new hires you will create for the entire organization. _____

a) How many of these will be generated specifically for this project? _____

b) For this project how many will be full-time? _____ b) how many part-time? _____

5: Will your organization lose, and not replace, current employees? ☐ yes ☐ no
If yes, how many? _____

6: How many tourist visits your organization annually? _____ For this project only? _____
(A tourist is defined as someone who drives 50 or more miles, one way, to reach your activity)

7: Does your organization track tourist’s overnight stays associated with your activities? ☐ yes ☐ no
If yes, how many overnight stays are you predicting for FY 2008? _____

8: Is your organization planning to make any capital investments in FY 2008? ☐ yes ☐ no
If yes, what is the projected investment? _____

9: Below, please list the other groups or organizations that your organization has collaborative agreements with, such as advertising, tours/visits, ticket discounts, parking, hotel/motel/B&B packages, restaurants etc.

Organization	Type of Collaboration
_____	_____
_____	_____
_____	_____
_____	_____

3C) Please attach a description (no more than one page) of how your project will address the outcomes you selected in 3a).

SECTION 7: ASSURANCES

A: The applicant has an established policy of equal opportunity without regard to race, color, religion, national origin, age, sex or disability. The applicant agrees to take steps necessary to correct any under-representation reported on the status report and achieve a reasonably representative work force at all levels of employment. The applicant has an established policy to provide equal opportunity on all programs, activities and services.

The applicant:

- 1 Agrees in all recruiting materials and advertisements to state that all job applicants will receive equal consideration for employment;
- 2 Agrees in all promotional materials and advertisements to state that all programs, activities and services will be provided equally; and
- 3 Agrees to post in conspicuous places, notices setting forth the law on equal opportunity in employment and public accommodations.

B: If the grant is awarded, the applicant gives assurances to the Michigan Council for Arts and Cultural Affairs, that the support funds will be administered by the applicant.

C: Any funds received under this grant shall not be used to supplant funds formally budgeted for same and that funds received will be used solely for the contracted activities.

D: The applicant has read and will conform to the Guidelines.

E: The filing of this application by the undersigned, officially authorized to represent the applicant organization has been duly approved by the governing board of the applicant organization.

☐ This application was approved by the governing board on _____

☐ This application is scheduled to be approved by the governing board on _____

☐ If the application has not yet been approved by your governing board, notify the Council of the action taken as soon as possible.

☐ If the notification of action by your governing board is not received prior to panel review, the application may not be recommended for funding.

Authorized Official:

(Cannot be the Project Director)

Name (typed) _____ Date _____

Signature _____

SECTION 8: ATTACHMENT CHECKLIST

All sections of the Application form must be completed. Check the boxes below to ensure that all sections of the form have been completed. Your original application and one copy (totaling 2) must be submitted to MCACA. **The deadline for applications June 1, 2007.**

- | | | |
|--------------------------|-----------|-----------------------|
| <input type="checkbox"/> | Section 1 | Cover Page |
| <input type="checkbox"/> | Section 2 | Applicant Information |
| <input type="checkbox"/> | Section 3 | Project Information |
| <input type="checkbox"/> | Section 4 | Summary Information |
| <input type="checkbox"/> | Section 5 | Projected Budget |
| <input type="checkbox"/> | Section 6 | Economic Assessment |
| <input type="checkbox"/> | Section 7 | Assurances |
| <input type="checkbox"/> | Section 8 | The Checklist |

ATTACHMENTS

Indicate which attachments are enclosed by checking the corresponding box. Each page of each attachment must be labeled and numbered on the top right corner as follows:

Attachment # _____, Page # _____, Organization _____

Two copies of Attach.#1-#2 must be submitted. Two copies of Attachment #3-#8 plus one set of Attachment #9 may be submitted.

Enclosures

- | | | |
|--------------------------|---------------|--|
| <input type="checkbox"/> | Attachment #1 | Proposal Narrative |
| <input type="checkbox"/> | Attachment #2 | Budget Itemization |
| <input type="checkbox"/> | Attachment #3 | Proof of Tax Exempt Status ---optional
(an IRS letter or confirmation letter provided by a school district) |
| <input type="checkbox"/> | Attachment #4 | FY06 Regional Regranting Final Report --- optional |
| <input type="checkbox"/> | Attachment #5 | List of Governing Board members --- optional |
| <input type="checkbox"/> | Attachment #6 | Project Director's Resume or Bio --- optional |
| <input type="checkbox"/> | Attachment #7 | Letters of Support --- optional |
| <input type="checkbox"/> | Attachment #8 | Organizational History --- optional |
| <input type="checkbox"/> | Attachment #9 | Documentation --- optional |

PACKAGING

Indicate that all application materials have been correctly packaged and labeled by checking the boxes below. Application materials should be placed in an envelope and labelled as follows.

- | | | | | | |
|--------------------------|-------------|--------------------------|-------------|--------------------------|-----------------|
| <input type="checkbox"/> | Envelope #1 | <input type="checkbox"/> | Envelope #2 | <input type="checkbox"/> | Envelope #3 |
| | "Original" | | "Copy 1" | | "Documentation" |
| Application Form | | Application Form | | Attachment #9 | |
| Attachment #1 | | Attachment #1 | | | |
| Attachment #2 | | Attachment #2 | | | |
| Attachment #3 | | Attachment #3 | | | |
| Attachment #4 | | Attachment #4 | | | |
| Attachment #5 | | Attachment #5 | | | |
| Attachment #6 | | Attachment #6 | | | |
| Attachment #7 | | Attachment #7 | | | |
| Attachment #8 | | Attachment #8 | | | |

Application Fee
(Make check payable
to State of Michigan)

Staple your check to the front page of the application form and place in Envelope #1.